



SUPPORT TO THE HIV/AIDS RESPONSE IN ZAMBIA (SHARE II)

Quarterly Report
October-December 2013

CONTRACT No: GHH-1-00-07-00059-00
TASK ORDER No: GHH-1-02-07-00059-00
SUBMITTED TO USAID/ZAMBIA ON JANUARY 31, 2014

This report was supported by the President's Emergency Plan for AIDS Relief (PEPFAR) and was made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Support to the HIV/AIDS Response in Zambia (SHARe II) Project: GHH-1-02-07-00059-00. The contents are the sole responsibility of SHARe II, and do not necessarily reflect the views of USAID or the United States Government.



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About SHARE II

The USAID-funded Support to the HIV/AIDS Response in Zambia II (SHARE II) project was signed on November 9, 2010 for a five-year period extending through November 4, 2015. SHARE II is implemented by John Snow Inc. (JSI) and partners: Initiatives Inc; LEAD Program-Zambia; Zambia Interfaith Networking Organization on HIV (ZINGO); and Zambia Health Education and Communication Trust (ZHECT).

SHARE II Project Purpose

The purpose of the SHARE II project is to support and strengthen the multi-sectoral response to HIV and AIDS and contribute to the achievement of the USAID/Zambia Mission strategic objectives on reducing the impact of HIV/AIDS. SHARE II builds upon successes, innovations and best practices, including those from SHARE I, and works through strategic coalitions and partnerships with the National HIV/AIDS/STI/TB Council and other stakeholders to support Zambia's HIV/AIDS response.

SHARE II Project Objectives

SHARE II has the following four project objectives or tasks:

1. Strengthen and expand leadership involvement in HIV/AIDS and improve the policy and regulatory environment;
2. Strengthen the organizational and technical capacity of coordinating structures to sustain the HIV/AIDS response;
3. Strengthen and expand HIV/AIDS workplace programs; and
4. Strengthen collaboration and coordination of HIV/AIDS activities with the Government of the Republic of Zambia, U.S. Government-funded partners and other stakeholders.

This report highlights some of the progress that was made on these SHARE II tasks from October 1 to December 31, 2013.

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Task 1: Strengthen and expand leadership in HIV/AIDS and improve the policy and regulatory environment

Through Task 1, SHARE II engages, mobilizes and equips leaders (political, traditional, religious and other influential opinion leaders) to be effective HIV/AIDS change-agents; supports the enactment, formulation and implementation of appropriate HIV/AIDS-related policies and laws; and equips partner institutions (legal and law enforcement) to appropriately manage HIV-related cases. SHARE II operates at two levels:

- At the *structural level*, SHARE II provides technical support to help leaders, including traditional leaders and parliamentarians, formulate and enact appropriate HIV/AIDS-related policies and laws; provides technical guidance for providing leadership to change harmful socio-cultural practices and norms; and provides advocacy support to increase local resource allocation for the national HIV/AIDS response.
- At the *behavioral level*, SHARE II works with leaders and other key players to build their skills and competencies so that they can use their authority and reach to enhance the HIV/AIDS response. These champions and partners can then lead efforts to discourage harmful behaviors (such as multiple concurrent partnerships and gender-based violence); promote helpful interventions (including condom use and voluntary medical male circumcision, or VMMC); and apply a gender, human rights and HIV/AIDS framework to the justice system, including HIV-related law enforcement and adjudication.

A fundamental cornerstone of the SHARE II strategy in HIV/AIDS leadership engagement is to help build understanding that HIV/AIDS is a developmental issue, and that action taken by leaders in HIV/AIDS now will ultimately contribute to national development. SHARE II thus encourages leaders to incorporate HIV/AIDS advocacy into their duties and responsibilities, as citizens in positions of influence and authority.

In an optimal policy and regulatory environment, there is minimal stigma towards and discrimination against people living with HIV (PLHIV) and those affected by the pandemic; the leadership of the different societal sectors speak openly about HIV/AIDS; and both laws and policies make it easier for implementers of HIV-related services to offer their services freely and objectively and for people needing these services to access freely and without fear of discrimination. SHARE II therefore works closely with government institutions and other key stakeholders to improve the policy and legal environment for people affected by HIV/AIDS and for PLHIV.



Launching Conversations

In the quarter under review, the SHARE II Task I teams were involved in separate efforts to launch difficult, national conversations on sensitive issues. The Leadership team has been promoting discussions of condom use and other HIV-related topics in religious institutions, while the Legal and Policy team has been traveling around the country to discuss widow inheritance in the context of the Deceased Brother's Widow's Marriage Act of 1926.

Through their engagements with leaders and members of the public—including religious leaders, chiefs and other traditional leaders, local government officials, and community members—SHARE II teams are promoting the discussion of deeply-held beliefs that are affecting the HIV/AIDS response. Even though these beliefs, such as the acceptability of widow inheritance and the taboo nature of sexual-related topics in the context of faith, are culturally and religiously sensitive, SHARE II has found a way to respectfully engage and challenge populations on these practices that are affecting the course of the HIV/AIDS epidemic in the country.

A “Paradigm Shift” in Religious Institutions: Discussing HIV/AIDS in Ndola’s Mushili Mosque and Other Copperbelt Churches

HIV/AIDS Leadership: Mushili Mosque in Ndola

Leaders and members of Mushili Mosque in Ndola had previously rejected HIV/AIDS teachings and refused to discuss condom use, believing that such teachings and discussion were outside true Islamic perspective and instruction. They were not alone in this view: religious institutions’ views on HIV/AIDS programs have varied greatly, sometimes based on denominational lines but, often as not, on individual congregational beliefs and leadership. With HIV/AIDS leadership support from the USAID-funded SHARE II project, Mushili Mosque’s attitude to HIV/AIDS programs, including HIV/AIDS messaging, has completely changed! They now embrace HIV/AIDS programs and these programs are being provided through the mosque.



Mushili Mosque in Ndola, Zambia

The Church and HIV/AIDS – a Mixed-bag of Responses

Religion plays a large role in the lives of most Zambian individuals and families, with around 80 percent regularly attending worship services and participating in religious activities. In spite of this wide reach, the church—used in the broadest sense to encompass all religions—has been both friend and foe on the issue of HIV/AIDS.

The church has contributed significantly to the HIV/AIDS response in Zambia in terms of health care provision, home-based care and psychological support. However, this response has not been unified, with some religious leaders and church groups finding themselves at cross-purposes with HIV experts and implementers, and with the national HIV/AIDS response. Religious leaders who are poorly informed about HIV and poorly equipped to deal with the epidemic and its implications constitute a powerful negative force which can cause significant harm to the HIV/AIDS response, by undermining the work of HIV implementers. Zambian news media frequently report on pastors and other clergymen who discourage HIV-positive congregants from taking antiretrovirals (ARVs), professing that faith in God is powerful enough to help those with HIV/AIDS,

but almost always to detrimental effect for the patient. News media reports have also highlighted the moralization of HIV infection by some churches, and the stigma and discrimination that PLHIV face at the hands of religious leaders and fellow congregants.

The Zambian government is concerned by this powerful negative lobby, and the Zambian Minister of Health, Dr. Joseph Kasonde, has spoken out against those who practice faith healing for HIV infection and who actively encourage their congregants to stop taking ARVs, as a sign of their faith in God. HIV experts and providers are alarmed at the health implications of interrupted ARV treatment. USAID was equally concerned and devoted a significant proportion of funding and technical support through the SHARE II project to working with religious leaders to increase their leadership of and participation in HIV/AIDS programs.

Gaps in the Church's HIV/AIDS Response are not Insurmountable

At baseline, SHARE II supported a workshop for selected religious leaders, intended to both gather views on and provide information on HIV/AIDS, where the extent of lack of knowledge and understanding about HIV/AIDS was revealed. Many of the religious leaders present were of the view that HIV was a punishment from God and that PLHIV did not deserve to be assisted. In a clear indication of how this view was driven by lack of information and understanding about HIV, by the end of the workshop all the religious leaders agreed that PLHIV deserved to be treated with dignity, love, and respect, in reflection of their God-given dignity as human beings, and that ARVs are God's gift to man in the fight against HIV/AIDS.

In the era of HIV/AIDS, religious institutions and leaders that are knowledgeable and well-informed about HIV/AIDS can be a crucial medium for transmission of correct and consistent HIV/AIDS messages. Faith leaders can use their platforms—and moral influence—to address the causes and effects of the HIV/AIDS epidemic, including multiple concurrent partnerships; low rates of condom use; gender inequality and power relations; denial, shame and guilt; and stigma and discrimination experienced by those living with and affected by HIV. They can help build both an HIV-competent and HIV-compassionate church, able to contribute appropriately to the national HIV/AIDS response: a church that boldly leads the way in HIV prevention, that views and promotes ARVs as part of God's plan for His people to live longer and healthier lives, and that has no room for HIV-related stigma and discrimination.

SHARE II HIV/AIDS Leadership Approaches for Religious Leaders

SHARE II uses a two-pronged approach in its work with religious leaders; working through local NGO partner ZINGO (Zambian Interfaith Networking Group on HIV/AIDS) and direct interventions by SHARE II staff to selected religious organizations and institutions. Through ZINGO (an umbrella organization of Christian, Islamic, Hindu, and Baha'i religious mother bodies), SHARE II provides congregation-centered HIV/AIDS leadership and

messaging training to in-service religious leaders in Kitwe and Ndola on the Copperbelt, enabling them to provide correct information about HIV/AIDS and empowering them to be leaders on HIV/AIDS in their congregations. Other SHARE II interventions support pre-service HIV/AIDS leadership and messaging training of religious leaders at pre-service training institutions, and support religious leader role models and champions.

A congregant asking a question during an HIV messaging session conducted by a trained religious leader at an Evangelical Fellowship of Zambia Church in Ndola, November 20, 2013



The SHARE II In-service Religious Leaders HIV/AIDS Leadership Program

From previous experience, SHARE II knew that messages on HIV/AIDS were most effective when they were taught and understood in the context of existing faith and doctrine. For this reason, rather than going directly to the region's religious leaders, SHARE II first trained a small, dedicated group of ZINGO members with medical and/or health backgrounds; this group would then cascade the

training through selected church leaders down to the actual congregations. SHARE II staff trained the nine—medical doctors, clinical officers, nurses and one ZINGO program officer—in early 2013.

The team of nine integrated the scientifically-grounded information they received from SHARE II with the scriptures of their respective faiths and, grounding their teachings in a SHARE II-developed leadership messaging toolkit, trained 302 religious leaders from 60 congregations (48 Christian and 12 Muslim) in Kitwe and Ndola between April and June 2013. A SHARE II requirement was that each congregation should have at least five leaders trained, including the pastor and four other leaders from the youth ministry, the women's ministry and the men's ministry, and also preferably the pastor's wife as well, to ensure total leadership buy-in. As of November 30th, the 302 trained leaders had reached out to 20,618 congregants across the Copperbelt, either individually or in small groups, with age-appropriate HIV/AIDS messages.

Monitoring the In-service Religious Leaders' HIV/AIDS Leadership Program

During the period November 18-21, 2013, SHARE II and ZINGO undertook a field visit to some of the 60 partner congregations and 302 trained religious leaders in Kitwe and Ndola to evaluate the effectiveness of the program. The two main objectives of the evaluation were to find out if the leaders were communicating scientifically-accurate information and to evaluate responses to the program from congregants. From discussions with the four congregations visited (the Reformed Church in Zambia, the Power Worship Center, the Evangelical Church in Zambia, and Mushili Mosque), SHARE II was able to establish that the trained leaders were devoting significant time, importance, and attention to messaging, that they were providing correct messaging, and that the congregants were very accepting and appreciative of the program.

During the same evaluation visit, discussions with ZINGO staff indicated that this program has been a tremendous help to the church-based HIV/AIDS response on the Copperbelt. Mission Centre International (MCI), which is affiliated with the Evangelical Church in Zambia (ECZ), was given as

an example of the impact of the program. MCI now has a well-established HIV/AIDS program and is even reaching out to other ECZ congregations with HIV/AIDS messages. Two PLHIV have come out in the open with their status and are providing support to other congregation members. Leaders are also making referrals for HIV/AIDS services for members, working closely with Society for Family Health for HTC services, the Marie Stopes Foundation for Reproductive Health Services, and other providers for additional HIV-related services.

At the Power Worship Centre in Kitwe, SHARE II spoke with Pastor Patrick Mwanza, his wife, and a women's ministry leader. Pastor Mwanza is the chairman of the Pastor's Fellowship and uses his position to speak with other religious leaders; he is committed to the program and appreciates that it was brought to his church. "There has been a change in the way people view PLHIV," noted Mrs. Mwanza, the pastor's wife. "Even me, I was looking at PLHIVs as very bad people. But now, with the knowledge I have, it is not so."

HIV/AIDS Leadership Changing Mindsets: The Case of Mushili Mosque

Mr. Peter Juma Phiri, the Ndola District Coordinator and a secretary at Mushili Mosque, was one of the 302 leaders trained with religious HIV/AIDS messages, and one of five leaders trained from Mushili Mosque. The SHARE II training prepared Mr. Phiri to discuss HIV/AIDS in the context of Islamic teachings and he was determined to reduce the taboo around discussing HIV/AIDS in the mosque. For example, he gave his fellow Muslims an illustration from the Qu'ran which showed that even forbidden items can be used to save a life. "You know, in Islam, beer is not allowed," he explained, "but when you reach the extent where your life is threatened and the only drink is beer, you can take it to save your life. So condoms, although we are looking at it as taboo to use a condom, it is helpful because you are protecting the life of the other person and are protecting yourself as well. So with that information I think a lot of people have now started getting into it. They are coming on board now with the whole issue of using those types of preventative measures."



SHARE II leadership Dr. Mwanda and Dr. Nyumbu (left) discuss HIV/AIDS efforts at Mushili Mosque with Melody Dumela and Esnart Phiri (center), trained youths at the mosque, Mr. Phiri (right, in pink), a trained mosque leader, and Mr. Zulu (right, in green), a ZINGO officer trained by SHARE II

He has also spoken out against discrimination against people with HIV/AIDS. “I explained to people that AIDS can not only be acquired sexually, it can be acquired through other means, sharps or razors, whatnot,” he said. “It doesn’t mean someone who has HIV disease is promiscuous, that is when we started accepting. And there are certain people who are born with HIV and that person born with HIV is a human being, he is supposed to enjoy, they have sexual desire. So for that to happen one has to use preventive measures such as condoms.”

Mr. Phiri has taken a similar approach in justifying VMMC as an Abrahamic practice (Muslims consider Abraham a prophet), saying that many in his mosque now acknowledge it as a good thing. “I have noticed a paradigm shift,” explained Mr. Phiri, “because previously quite a good number of people, we were not aware about some of the preventive measures. Okay, they could have been aware, but they were saying ‘no, this is not in order.’” Now that they understand HIV-preventive measures in the context of religious teachings, he said, the atmosphere at the mosque has changed completely.

Two young women were also among the leaders trained from Mushili mosque. Before the training, the two would never discuss HIV/AIDS with other youth at the mosque or with their parents, and it was difficult for them to raise their concerns with anyone else. Now, the two are HIV/AIDS advocates; they share HIV/AIDS messages with their fellow youths, encouraging them to go for HIV testing and to abstain from sex. “It is difficult to discuss these issues with our parents,” noted one of the girls, “but now with the knowledge we have, we can talk and discuss HIV/AIDS issues among ourselves as youths.”

SHARE II and ZINGO’s program on the Copperbelt has shown that empowering individuals with HIV/AIDS messages, and encouraging them to put those messages in the context of their beliefs and doctrines, can change deep-seated views, even among religious leaders. The leaders of Mushili mosque were very thankful for having been included in the program. “Before this program, us Muslims used to think we were second class citizens,” said one leader, “but now through ZINGO, we feel part and parcel of the community and our voice can be heard.” ♦



Zambian Vice President Dr. Guy Scott holds the Cooma Chiefdom Development Strategic Plan 2013-2017 at its launch on October 12, 2013.

In the previous quarter, SHARE II profiled its work with traditional leaders, their village headpersons and their subjects to explore, identify and describe traditional and cultural practices within their chiefdoms which have the potential to fuel the further spread of HIV. These traditional leaders and their subjects, through different democratic participatory methodologies, have developed written declarations and openly decreed their commitment to beneficial practices (such as VMMC) and their denunciation of harmful traditional practices (such as sexual cleansing of widows). This effort to ban certain practices is being hampered by the Deceased Brother's Widow's Marriage Act of 1926, and SHARE II has taken the lead in advocating for repeal of this Act.

Repealing an Act: The Deceased Brother's Widow's Marriage Act of 1926

The Deceased Brother's Widow's Marriage Act

"No marriage heretofore or hereafter contracted between a man and his deceased brother's widow within Zambia or without, shall be deemed to have been or shall be void or voidable, as a civil contract, by reason only of such affinity."

Zambia's HIV/AIDS response faces many challenges regarding policy, rights, and legal issues related to HIV that must be addressed in order for the country's response to HIV/AIDS to be successful.

The SHARE II project has a mandate to provide technical assistance to the Government of the Republic of Zambia to improve the country's HIV-related policy and regulatory environment and make it more supportive of the national HIV/AIDS response. To this end, in 2010—within a few months of project start-up—the SHARE II legal and policy team embarked on an intensive environmental scan of all 26 volumes of Zambian law to identify those laws and policies that had a bearing on the national HIV/AIDS response. Of the 32 pieces of legislation identified, one stood out: The Deceased Brother's Widow's Marriage Act (DBWMA), Chapter 57 of the Laws of Zambia. The DBWMA was identified as potentially having one of the highest impacts on HIV prevention, and was immediately prioritized for action.

About the Deceased Brother's Widow's Marriage Act

The DBWMA is about widow inheritance. Specifically, this law allows a surviving brother to inherit his deceased brother's widow. Widow

inheritance has long been reported among almost all tribes in Zambia, both patrilineal and matrilineal. It is called *kukena mwandu* in Lozi, *kunjilila mung'anda* in Tonga, *ukupiana* in Bemba, *chokolo* in Nyanja, and *kuswana* in Kaonde. There are a few exceptions such as the Luvale and Lunda for whom the practice, though allowable by law, was never a traditional norm. Among the tribes which participate in this custom, widows can be inherited by their deceased husbands' brother, primarily so that the widow and her children can be cared for by family. However, there are other reasons why widow inheritance continues to this day; traditionally, widow inheritance has also been a means for the brother's family to gain control of a man's property upon his death. This latter reason often disadvantages the widow and her children, and impoverishes them.

The DBWMA was enacted by the Zambian colonial government in 1926 to formally legalize widow inheritance, which would otherwise have been forbidden under law. In Zambia, a person married under statutory law cannot enter into a second marriage (bigamy), nor can people closely related by consanguinity of blood to enter into sexual relations (incest). The law prohibiting incest would, without the DBWMA, extend to siblings of one's spouse based on a Biblical interpretation of marriage, whereby husband and wife "become one flesh" upon marriage.

The DBWMA states that "No marriage heretofore or hereafter contracted between a man and his deceased brother's widow within Zambia or without, shall be deemed to have been or shall be void or voidable, as a civil contract, by reason only of such affinity." This law therefore provides an exception to the laws against bigamy and incest for a surviving brother who wishes to



Chief Nkambo in Masaiti District in the Copperbelt Province, middle, meets with—from left to right—the chief's retainer, Emelie Nkwasi (a traditional advisor to the chief, or Chilolo), Lista Ngoma (Chilolo), Mrs. Mulenga (District Chiefs Affairs Officer at the Ministry of Traditional Affairs) and Timothy Banda (SHARe II Gender and Advocacy Manager) during the chief's interview.

contract a marriage with his deceased brother's widow, even if the surviving brother was already married. It gives the legal backing for the surviving brother, for family and or financial reasons, to marry his deceased brother's widow. It also opens the door for coercing those widows who otherwise would not choose to marry their deceased husband's brother, into marriage at a time when they are most vulnerable to such coercion, after having lost their spouse.

Deceased Brother's Widow's Marriage Act: Harmful Effects

The DBWMA was highlighted by SHARe II as one law which possibly impedes the national HIV/AIDS response due to the reality that widows, particularly in rural communities, are not always accorded the opportunity to give informed and voluntary consent to the type of marriages proposed and protected under this law. Instead, they tend to be viewed as property that the deceased had acquired and left to be inherited by

his brothers. In some instances where widows may be reluctant to marry their deceased husband's brothers, they are often coerced into marriage because there are financial gains for the surviving brother from the deceased brother's material property. To compound this situation, most brothers inheriting wives are already married, meaning that the widow now becomes part of a polygamous marriage. While this law may have had its place and role in the world of the mid-1920s, in today's world it is an archaic law that has significant potential for doing harm. This law can cause emotional and psychological harm to the widow and her children, especially if she is an unwilling participant to marrying her deceased husband's brother; it can financially disadvantage the widow and her children, particularly in situations where the primary reason for marrying her is financial gain from her deceased husband's property; and in the era of HIV/AIDS, this law—by facilitating marriage of the deceased brother's widow—puts the surviving brother and his wife (should he be married) at

risk of HIV infection if the widow is HIV-infected and they are not, and puts the widow at high risk of HIV infection if the surviving brother is HIV-infected and she is not. Additionally, if the widow's children are financially or socially disadvantaged by their mother being inherited by their deceased father's brother, this can increase their vulnerability to HIV.

Rationale for Repealing the Deceased Brother's Widow's Marriage Act

Although the DBWMA has been around for over 90 years, the real-world impact of the law on Zambian women and widows had—prior to SHARE II's work on the law—been unexplored. Further, there had been no formal study on the extent of support for maintenance or repeal of this law within Zambian communities, among Zambian legislators, and among legal stakeholders. SHARE II therefore decided to undertake part of this body of work, beginning with conducting preliminary outreach to legal stakeholders and selected legislators, and concluding with a full feasibility study, to collect data on support for possible repeal as well as evidence on the perceived impact of the law on HIV/AIDS in Zambia.

SHARE II is well-positioned to co-lead the effort to repeal the DBWMA with the Zambian government. In addition to the project's work with Members of Parliament (MPs) and legal experts, SHARE II has established close working relationships with traditional leaders in about 30 chiefdoms in nine provinces of Zambia. Chiefs and other traditional leaders in Zambia are the custodians of customary law and norms; they are respected and listened to and have enormous power to influence individual behavior within their chiefdoms. They are well-positioned to discourage harmful cultural practices such as early marriages, sexual cleansing after the death of a spouse, and widow inheritance.

Over the past year, SHARE II has been building the capacity of chiefs and other traditional leaders to pass customary laws and decrees to outlaw certain practices that put chiefdom residents at high risk of HIV/AIDS or cause other harm. Being mindful that in Zambia statutory (written) law always takes precedence over customary law, SHARE II has taken care to provide technical guidance to ensure that the decrees passed in partner chiefdoms are in concurrence with the law of the land.

A problem arose when SHARE II was working with its partner chiefdoms on decrees to outlaw wife inheritance; the chiefdoms could not fully implement these decrees because the DBWMA explicitly prohibits the banning of widow inheritance. The law of the land is therefore hampering traditional leaders from outlawing widow inheritance in their jurisdictions in support of HIV prevention and respectful gender norms, because in Zambia statutory law trumps customary law.

Harmful Effects of the DBWMA

- Increases HIV risk and vulnerability for the widow, the surviving brother (the inheritor), and the inheritor's wife
- Can impoverish the widow and her children and—in the long term—increase HIV vulnerability for the widow's children
- Causes emotional and psychological trauma for the widow when marriage is coerced
- Compounds gender inequity and inequality and does not accord women due dignity by treating them as inheritable
- Hinders efforts by traditional leaders to outlaw widow inheritance through customary law, since statutory law trumps customary law in Zambia

There is, therefore, both a public health and legal imperative to repeal the DBWMA, in order to facilitate a supportive legal environment for HIV prevention, gender equity and equality, and respectful gender norms

SHARE II Process for Building Support for Repeal of the Deceased Brother's Widow's Marriage Act

SHARE II began building support for repeal of the DBWMA in 2011. In April and September of 2011, SHARE II held two consensus meetings, in partnership with the National HIV/AIDS/STI/TB Council (NAC), for over 130 key legal and policy stakeholders based in Zambia, where it was collectively and unanimously agreed upon that the DBWMA hampers the national HIV/AIDS

response, is an affront to the dignity of Zambian women, and undermines the country's march towards a more gender equitable and equal society.

In 2012, building on the outcomes from the previous year's meetings, SHARE II—working together with the United Nations Development Programme (UNDP) through the Coalition of African Parliamentarians against HIV and AIDS (CAPAH)—held a three-day retreat for 67 MPs and shared the policy and legal stakeholders' support for repeal of the Act. The MPs also unanimously agreed that this law must be repealed. They further suggested that the quickest and most efficient way to achieve a repeal of the law would be for the Minister of Justice to lead the repeal motion. They proposed that SHARE II engage the Zambia Law Development Commission (ZLDC) in compiling a report for the Minister, since an official recommendation from the ZLDC would carry weight in government decision-making. ZLDC has a Parliamentary mandate to conduct research and make recommendations on the amendment or removal of weak and/or archaic legislation, as well as recommend development of new laws that are responsive to changing needs of Zambian society.

In July 2013, SHARE II organized and funded a stakeholder's meeting, which it co-chaired with the ZLDC, to plan next steps. Participants from the Ministry of Justice, National Assembly, National

Legal Aid Clinic for Women, Law Association of Zambia (LAZ), Women and Law in Southern Africa (WLSA), Young Women Christian Association (YWCA), Justice for Orphans and Widows, National Institute for Public Administration (NIPA) and the Zambia Institute for Advanced Legal Education (ZIALE) were present to provide input. At this meeting, it was agreed that SHARE II and the ZLDC would together spearhead the repeal process, with funding from SHARE II. The two organizations determined that a feasibility study should be conducted to evaluate support for repeal of the law, obtain buy-in from leaders who would like the law repealed, and review the on-the-ground impact of the law. Afterwards, SHARE II and the ZLDC would compile a final report and submit it to the Minister of Justice.

Repealing the Deceased Brother's Widow's Marriage Act: Feasibility Study

Over a period of eight weeks between November and December 2013, three SHARE II staff travelled with three legal researchers from ZLDC to conduct a feasibility study on the repeal of the DBWMA in 21 chiefdoms in four provinces: Southern, Eastern, Central, and Copperbelt.



SHARE II-sponsored focus group discussion in a chiefdom

Study Methodology: The study was conducted through key informant interviews (KII) and focus group discussions (FGDs). When determining which communities should be sampled, SHARE II took into consideration the ethnic and geographic distribution of the populations, and ensured broad regional representation.

Prior to going into the communities, SHARE II and ZLDC developed interview and focus group discussion tools and questionnaires to guide conversations with stakeholders, key informants and leaders. The tools included both open-ended and closed questionnaires, and addressed questions about, for example, whether widow inheritance is practiced in the community, whether widows must consent to such marriages, and what benefits and drawbacks the respondents see to the practice of widow inheritance. Separate questionnaires were developed for policy makers and government officials, traditional leaders, and community members to ensure that data on different perspectives regarding the DBWMA were collected based on the specific interview group.

Data Collection: For each of the 21 chiefdoms visited, SHARE II and ZLDC staff first visited district administrators, including district commissioners, town clerks and mayors, to

introduce themselves. They also stopped by the local district's Ministry of Chiefs and Traditional Affairs (MOCTA) office so that a MOCTA official could accompany staff to the chiefdom. Government support was essential to conducting this feasibility study; with a MOCTA official on each team, participants would be less concerned about advocating for the repeal of an existing law, since that might imply disagreement with existing government policy. Because a government official was involved in the study, participants recognized that there was government support for the repeal effort and could feel more comfortable expressing their disapproval of an existing law.

SHARE II and ZLDC then conducted interviews with local government departments (such as officials from the Ministry of Community Development Mother and Child Health and the Ministry of Health), district officials, traditional leaders, religious and civil society leaders, court officials, and community members. Chiefs were generally interviewed along with their advisors. Before interviewing headpersons and community members, SHARE II sought permission from the chiefs to do so and permission was granted in all 21 chiefdoms. Interviews in the community included both FGDs and structured KIIs. For the FGDs, at

From left to right: Justin Chitengi (Legal & Policy Manager, SHARE II); HRH Chieftainess Malembeka (Masaiti District); Timothy Banda (Gender & Advocacy Manager, SHARE II); Christabel Samanga (Legal Research Officer, ZLDC); and Tamara Mukape (Mpongwe District Chiefs Affairs Officer, MOCTA) receiving a signed DBWMA repeal form from HRH Malembeka.



times genders were segregated, while other times men and women were interviewed together. One-on-one KIs were conducted with selected traditional leaders, and also with some widows who wished to privately share their perspectives and experiences with widow inheritance.

Feasibility Study Results: Of the 21 chiefs visited, 20 supported repeal of the DBWMA, confirming that the law hampers their efforts to curb widow inheritance in their chiefdoms. Of the 249 other KI respondents, 231 (93 percent) supported repeal of the law. In addition, 15 FGDs were conducted with local leaders from faith-based organizations, local government and traditional structures. Overall, 90 percent of the respondents reached in the study through FGDs and public gatherings—including more than 100 village headpersons, 20 judges and magistrates, 50 civil society and faith-based organization leaders, 30 local authority leaders and over 1000 members of society—supported repeal of the Act.

Of the remaining 10 percent, some respondents had not yet made up their minds about the law, while others believed it should stay. Those who supported the law mentioned that it helped maintain family units, that it was in the best interest of the children involved, that long-standing traditions should not be abandoned, that women required male guardianship and protection, or noted that relatives of the late husband should have access to his property.

Real-world Impact of the Law

During the feasibility study, SHARE II also collected information on the real-world impact of the DBWMA and widow inheritance practices. These findings showed that most women in communities where widow inheritance was practiced were economically dependent on their husbands and therefore had little choice but be inherited upon their husbands' death. Their lack of economic and social power translated into disempowerment during this subsequent marriage, reducing their social standing and putting them at significant risk of gender-based violence. Further, because most brothers inheriting widows already have wives of their own and because HIV/AIDS is one of the

biggest causes of mortality in Zambia, the new sexual network of widow inheritor, widow inheritor's wife, and inherited widow was being put at risk of HIV/AIDS.

Widows reported that the process of being inherited could be degrading and humiliating, in addition to the fact that these marriages are sometimes coerced. In most cases, women were not given the right to make choices on what type of life they would live after the death of their spouses, and were treated as mere property rather

The Deceased Brother's Widow's Marriage Act: Feasibility Study Results

Key Informant	For Repeal		Against Repeal or Undecided		Total
Chief or Chieftainess	20	95%	1	5%	21
Other KI	231	93%	18	7%	249
Total	251	93%	19	7%	270

than human beings who deserve to be treated with dignity and respect. For example, some widows were forced to start living with and sleeping with someone they would otherwise not have chosen to be with. Many widows were inherited by relatives with whom they were not on good terms with, and were punished when they joined the family. One widow reported that her late husband's relatives forced her to sleep next to his clothes every night as a form of punishment, which was humiliating.

Repealing the Deceased Brother's Widow's Marriage Act: Next Steps

Due to the overwhelming support for repeal of the DBWMA—from government, traditional, community, and religious leaders, as well as community members—SHARE II can confidently conclude that the consensus on the ground is that the DBWMA is an obsolete law that, in the era of HIV/AIDS, should be repealed. SHARE II will present results of the feasibility study to policy and legal stakeholders and work with the ZLDC for official repeal of the law. If more data is required to inform the process, SHARE II and the ZLDC will conduct studies in the remaining provinces of Zambia. ♦

October-December 2013:

Other HIV/AIDS Leadership Activities and Achievements

- **Launch of Cooma Chiefdom Strategic Plan 2014-2018:** SHARE II launched the Cooma Chiefdom's five-year strategic plan on October 11, 2013. The event was attended by Republican Vice President Dr. Guy Scott and other politicians and stakeholders.
- **Supportive supervision visits to chiefdoms:** In November 2013, SHARE II facilitated the development of abbreviated operational plans for the Kanyembo, Lwambi (Nalolo) and Chikanta chiefdoms. In Kanyembo chiefdom, SHARE II trained leaders in HIV/AIDS messaging and assisted in the development of decrees addressing cultural practices that are harmful to the HIV/AIDS response (see image on right). SHARE II also oriented Chikanta chiefdom leaders on the process of administering the chiefdom's Implementation Process Assessment. (IPA)
- **Religious leaders' curriculum development meeting:** SHARE II facilitated the development of a curriculum and training manual for integration of HIV/AIDS information in theological institutions. A total of 19 lecturers and heads of theological training schools attended this training on December 16-21, 2013.
- **Voluntary medical male circumcision in chiefdoms:** From October 12-28, 2013, SHARE II chaired a series of meetings aimed at enhancing collaboration between partners engaged in creating demand and providing VMMC services in Zambian chiefdoms.

Other HIV/AIDS Legal and Policy Activities and Achievements

- **National Alcohol Policy Implementation Plan:** SHARE II technically and financially supported the Ministry of Health (MOH) to develop the National Alcohol Policy Implementation Plan, which is now being evaluated by the MOH Directorate of Policy. SHARE II staff and the MOH also aligned the final draft of the National Alcohol Policy with WHO principles; the Policy is ready for final submission to the Cabinet, subject to an internal MOH process.
- **National Workplace HIV/AIDS Policy Implementation Plan:** SHARE II is working with the Ministry of Labor and Social Security in developing the National HIV/AIDS Policy Implementation Plan and supported a stakeholders' forum. A draft Policy Implementation Plan was developed, as well as a roadmap to expand the current workplace HIV/AIDS policy.
- **National HIV/AIDS Policy:** At the request of the National HIV/AIDS/TB/STI Council (NAC), SHARE II wrote the justification and concept for a standalone HIV/AIDS policy, and the MOH gave its approval to proceed with policy review and development.
- **Other workplace wellness policies:** SHARE II facilitated the development of the workplace wellness policies for the Ministries of Agriculture and Livestock; Mines and Minerals Development; and Works, Transport and Communications, as well as the draft HIV/AIDS policy for Copperbelt University.
- **National media training workshop:** SHARE II led a workshop training for 25 journalists on October 21, 2013 to facilitate a better understanding on the role that women's empowerment and access to justice and education play in maternal and child health.
- **National dialogue on HIV and the law:** On November 14-15, 2013, SHARE II presented at a NAC-organized meeting of key Zambian legal and human rights stakeholders, on "HIV and the Law: Situational Analysis in Zambia."



Chieftainess Kanyembo (seated) with (from left to right) a representative from the Ministry of Chiefs and Traditional Affairs, the SHARe II Senior Manager of HIV/AIDS Leadership, a Kanyembo sub-chief, the chief's messenger ("kapaso"), a Kanyembo sub-chieftainess, and a representative from the local courts, signing in customary law prohibiting sexual cleansing, gender-based violence and other harmful practices in the chiefdom, on November 14, 2013.

Task 2: Strengthen the organizational and technical capacity of coordinating structures to sustain the HIV/AIDS response

SHARE II strengthens the capacities of HIV/AIDS coordinating structures to oversee, manage, and implement the national and community-level HIV/AIDS responses. Technical assistance provided to entities in the public and private sectors, selected umbrella civil society organizations, and chiefdoms includes supporting expansion of successful evidence-based interventions, disseminating use of best practices across sectors, and advising on the most efficient and effective use of resources.

Improving HIV/AIDS Coordination at the Provincial Level

Many organizations are involved in HIV/AIDS interventions throughout Zambia, and the overall effectiveness of these programs is highly dependent on their ability to coordinate with each other and reduce duplication of efforts. In Zambia, the National HIV/AIDS/STI/TB Council (NAC) and its decentralized structures—the Provincial AIDS Task Forces (PATFs) and District AIDS Task Forces (DATFs)—are charged with coordination of HIV implementers and ensuring that the national HIV/AIDS response remains on course. Due to funding and management challenges, however, PATFs and DATFs have historically been unable to fully deliver on their coordination mandates.

PATFs are mandated to oversee and coordinate all HIV/AIDS interventions in a province, monitor and evaluate HIV/AIDS efforts, advocate for resource mobilization, and conduct quarterly coordination meetings with DATFs. PATF members should include various stakeholders that are implementing HIV/AIDS interventions at the provincial level, including local government, NGO representatives, faith-based leaders, traditional healers, members of the media, and others.

In 2012 and 2013, SHARE II conducted orientations with all 72 DATFs in Zambia, improving their ability to oversee projects in each district and mobilize resources for HIV/AIDS activities. In August 2013, SHARE II began providing capacity-building training to PATFs, visiting Central, Luapula, and Northern provinces; between November and December 2013, SHARE II provided

technical assistance (TA) to four additional PATFs, for Western, Eastern, and North Western provinces.

When SHARE II staff began visiting PATFs, however, they found significant gaps. Due to inadequate funding, most PATFs had not been meeting quarterly and had been unable to effectively leverage resources for HIV/AIDS. For example, the North Western PATF had not met in over a year! Important stakeholders who should have been involved in PATF meetings were not participating, and relationships with the Provincial Administration, which supervises and provides financial and logistical support to PATFs, were particularly poor.

In order to formally identify areas of improvement, SHARE II helped each PATF—through a participatory process—to conduct a baseline capacity assessment of its performance on 28 standards in eight categories, including

PATF Performance Standard Categories

Category	Standards
Governance and Leadership	2
Coordination of Provincial Response	5
Administrative Management	2
Human Resources Management	4
Response Performance Management	3
Simultaneous Mainstreaming of Cross-Cutting Issues in All Sectors	2
Financial Management	5
Monitoring and Evaluation	5
Total	28

governance and leadership, coordination, human resources and financial management, gender mainstreaming in sector plans, resource mobilization and monitoring and evaluation.

The six PATFs visited performed poorly on the assessment, signifying very low levels of functioning in relation to their official mandates. The mean percentage of the 28 performance standards met was 27.9 percent, compared to an average 20.8 percent of standards “partially met” and 51.2 percent of standards “not met.” Only two PATFs—Luapula and Western—met at least 40 percent of the 28 standards.

In order to address the gaps and weaknesses identified during the capacity assessment, all six PATFs developed performance improvement action plans; for each area that was either not met or partially met, the PATFs identified the compliance issue, next steps, a person responsible and a deadline for addressing the issue. Many of the PATF teams had never undergone a performance assessment before and found the process to be an “eye-opener.” In spite of their limited prior experience working together, members quickly achieved consensus around areas of opportunity and accepted personal responsibility for improving the functioning of their PATF.

The PATFs were very appreciative of the opportunity provided by SHARE II to improve their operations. “The activity has reminded me that we

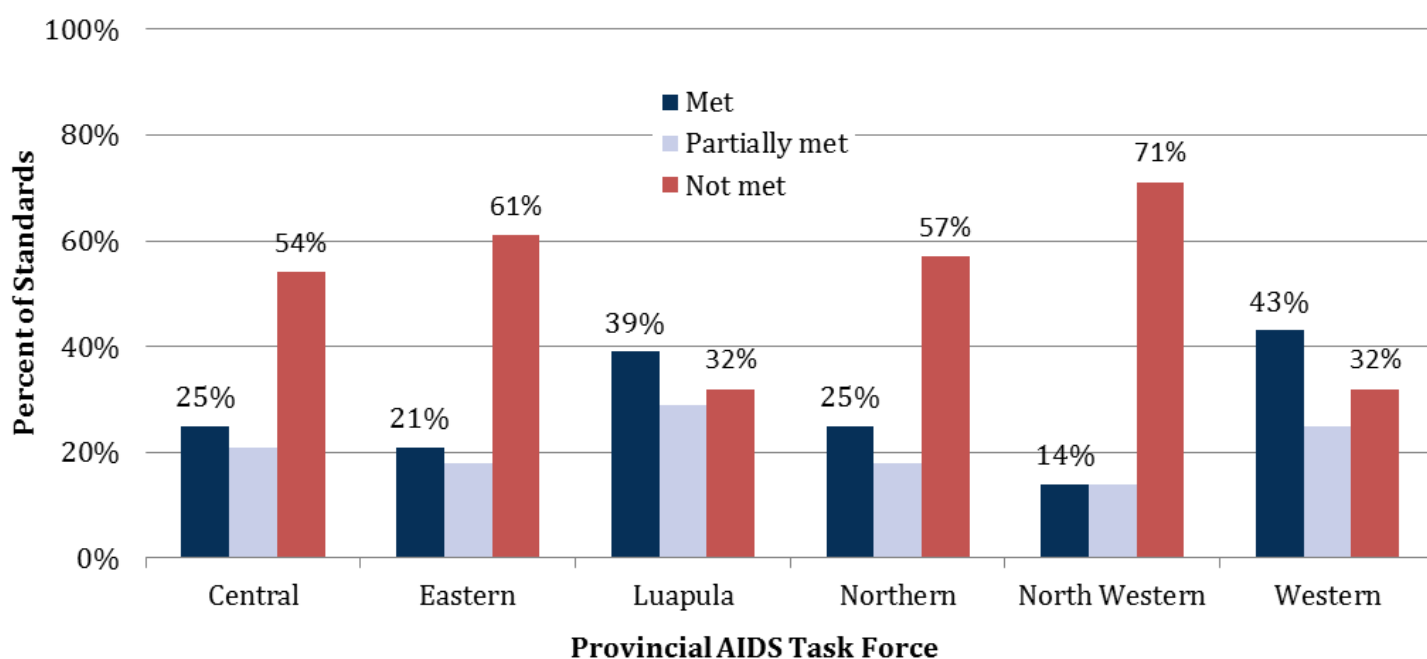
need to have a mission and vision as a PATF,” remarked Ronald Mabunga, a Caritas employee and PATF member from Western Province. “The capacity building training has given us an opportunity to reflect on who we are and what we should be doing.” Preston Chinyama, an NZP+ employee and fellow Western Province PATF member, agreed: “It was a worthwhile undertaking. It was also a learning point, an opportunity to have an in-depth reflection on the performance of the PATF.”

Building Links with Local Government

The effectiveness of PATFs in coordinating the HIV/AIDS response is dependent on their collaboration with the local government authorities, particularly the Provincial Administration. Each PATF is supposed to include Provincial Administrators as members; however, because many of the PATFs had not been meeting regularly, local government was not aware of HIV/AIDS activities in the province. At the same time, while the Provincial Administration has the authority to call PATF meetings and hold other PATF members accountable, they were failing to do so.

During SHARE II’s TA visits to each province, a representative from the Provincial Administration—generally a Deputy Provincial Secretary—

PATF Performance on the 28 PATF Performance Standards



was present at all meetings. During orientations, the Provincial Administrators were reminded of their supportive responsibility to the PATFs, and both groups were reminded of their respective roles and responsibilities.

“This has been an eye opener,” noted Paul Kabwebwe from the Provincial Administration in Mongu. “I have since observed a lot of gaps in the PATF. Since everything comes to the Provincial Office, I will take keen interest to ensure activities are supported and coordinated to improve PATF performance.” McPherson Chumumbo, his colleague, agreed: “It is really good to learn the work of PATFs. It will enable me to understand some of the financial aspects I deal with when preparing the PATF financial reports.”

SHARE II will continue encouraging PATFs to cooperate more closely with the Provincial



SHARE II staff and Eastern Province AIDS Coordination Advisor Mr. Chama (rear, in pink) with—in front—Ministry of Health District Health Information Officer Mr. Sikandangwa, NAC Officer Mr. Kambi-Kambi, and Permanent Secretary Dr. Mulenga, during a visit to the Eastern Province PATF on November 27, 2013.

Administration so that they can both fulfill their mandates more effectively. Going forward, SHARE II will also tailor support to PATFs based on their management improvement performance plans and help ensure accountability for the constituents they represent. ♦

October-December 2013:

Other Coordinating Structures Activities and Achievements

- **Support to NAC for its 2014 work planning:** SHARE II and other partners assisted the National HIV/AIDS/STI/TB Council (NAC) to develop its 2014 work plan and budget. SHARE II provided perspectives on NAC's 2013 performance and provided input on its strategic focus for 2014 based on the NASF (National AIDS Strategic Framework) 2010-15 and preliminary findings from its 2013 JMTR (Joint Mid-Term Review).
- **Support to DATF provincial meetings:** In partnership with NAC, SHARE II supported collaboration meetings in five provinces (Central, Copperbelt, Lusaka, North Western, and Western) to address gaps identified during the DATFs' orientations in the performance management standards and the District Coordination Toolkit that had occurred in the previous quarter. Participants resolved to come up with innovative ways of sustaining local HIV/AIDS responses, including mobilization of local resources.
- **Support to the Network of Zambian People Living with HIV:** SHARE II provided technical assistance to NZP+ in the development of a proposal to strengthen organizational capacities of provincial and district NZP+ chapters in all ten provinces. The proposal has since been submitted to SHARE II for possible funding in 2014. SHARE II also supported NZP+ to review and revise its Management Performance Improvement Plan; NZP+ identified areas of weakness, established new timeframes, and agreed on follow-up actions.

Task 3: Strengthen and expand HIV/AIDS workplace programs

SHARE II works with both the public and private sectors to expand access to workplace programs and strengthen linkages and referral systems with community-level partners and implementers. Through this work, SHARE II and its partners can expand access to HIV prevention, care, support, and treatment services—for employees, dependents, and defined outreach communities—to reduce HIV-related employee absenteeism and ultimately contribute to increased productivity.

Workplace HIV/AIDS programs that include appropriate linkages to care and treatment services have resulted in significant improvements in general employee health and reductions in absenteeism in many workplaces. This has led to a switch in priorities by many workplaces to have more integrated health programs that address HIV and other related issues.

New Soweto Market Merchants and Staff Face Up to HIV/AIDS

Lusaka's informal sector—which includes sellers in the city's markets and streets—is a vital source of employment, and continues to be the primary shopping destination for most city residents. Thousands of people pass through the city's 57 recognized markets every day, buying and selling food, clothing, tools and appliances and other goods and services. Apart from buying and selling, markets also provide an opportunity to interact with friends, suppliers, clients, and others socially.

The sheer number of daily visitors to these markets, as well as their density, makes such markets a high-risk area for transactional sex and HIV transmission, as well as the spread of myths and misconceptions about HIV and AIDS. For these same reasons, markets are a prime location for HIV/AIDS interventions. In 2012, SHARE II—under its mandate to strengthen and expand workplace-based HIV/AIDS programs—began implementing HIV/AIDS and wellness programs at five Lusaka-based markets.

Peer Educator Training for Merchants and Market Managers

SHARE II trained 27 merchants from the five markets—Chelston, Chaisa, Lilanda, New Soweto and City Center (ChaChaCha)—as peer educators, equipping them with knowledge that they would share with other merchants, their customers and suppliers of merchandise. Three of the five markets are managed by the Lusaka City Council, while two run as cooperatives, so SHARE II also invited 25 market managers and three Lusaka Civic Centre

managers to this training. Because local authorities were involved from the beginning, the trained peer educators would be assured of their support when carrying out peer education; in addition, because all merchants at those three markets interact with the Council for payment collection and other management issues, the Council members themselves would be able to act as peer educators.

SHARE II Market Follow-up and Program Implementation Visits

For three weeks in November and December, SHARE II staff conducted follow-up supportive supervision visits to four of the five markets (visits to City Center/ChaChaCha market were postponed due to political protests/unrest at the time). During these visits, Mwaroky HIV/AIDS Savers—a SHARE II partner—provided HIV Counseling and Testing (HCT) services, while a SHARE II-trained drama group conducted performances to advertise sensitization sessions and to encourage people to get tested for HIV and to access other HIV-related services.

SHARE II staff accompanied the peer educators as they conducted their rounds, to assess their effectiveness at reaching people with correct and consistent HIV messages, then provided positive feedback on what was working well and where improvements were required. They also provided the peer educators with updated HIV/AIDS information and answered any questions the educators had. During their rounds of the markets, SHARE II staff and the peer educators received and

answered numerous questions from merchants and customers; there was a very high level of interest in HIV-related topics.

During these three weeks of supportive supervision, over 4,600 people were reached with HIV messaging by SHARE II staff and the local market peer educators. Over 1,700 people went for HCT and received their results, of those, 143 tested positive and were referred to healthcare facilities nearest them for further HIV-related services.

The Chaisa market was the first site visited. There, SHARE II staff found Airtel, a Zambian telecommunications provider, present at the market doing SIM card registrations. Airtel employees agreed to partner with SHARE II for the day and the two organizations set up their stands

next to each other; as people came by to register their SIM cards they were encouraged to also access HCT, and vice-versa. A similar situation happened in Lilanda, the second market visited, with representatives from the Geisha soap company advertising their wares. As in Chaisa, SHARE II set up next to the Geisha booth and encouraged customers to stop for both HCT and Geisha products.

Results from SHARE II's Visits to Lusaka Markets

Dates	People Reached with HIV Messaging	Total Went for HCT	Total Tested Positive
November 11-15	1,127	580	88
December 2-6	1,709	743	39
December 16-20	1,841	661	143
Total	4,677	1,984	249

The SHARE II HCT tent in the midst of a busy crowd at Chaisa market in Lusaka



In-Depth Focus on New Soweto Market and its Workplace HIV/AIDS Program

New Soweto Market, located in downtown Lusaka, was commissioned in 2005 due to overflow at Lusaka City Market and officially opened in January 2009. It is currently home to 600 stores and more than 1,000 outdoor stands. Six merchants and four City Council staff from New Soweto were trained as peer educators by SHARE II, with management concurrence from Mr. Collins Mulenga, the New Soweto Market Manager. When Mr. Mulenga heard that SHARE II was offering support for market HIV/AIDS interventions, he was immediately on board and allowed his employees to use their time to attend the training and then conduct sensitizations. HIV was a significant problem in New Soweto, he said; the constant exchange of money and goods facilitated exchange of sexual services as well. He also recognized that the strength of the market depended on the health of the traders: when traders are sick, they can't bring in revenue.

During SHARE II's supportive supervision visit, trained Council members reported that they had been regularly involved in sensitization and messaging since that training. Gerald Yamikani, a revenue supervisor, Chisenga Chisenga, the Chief Cashier, and Catherine Wiza Jose, a revenue collector, leave their offices once a week to provide sensitization. They each talk to about 10 merchants during these weekly sessions, focusing on basic HIV/AIDS facts, treatment, prevention and voluntary medical male circumcision.

Mr. Yamikani noted that conducting sensitizations in the markets was essential to reaching merchants who are in the markets every day: "These are

people that are here," he said. "The customers will come in and go, they have time to visit VCT centers. But for the merchants, time is limited because most of it is spent here." Because over 80 Council employees work at New Soweto market, these peer educators also sensitize their co-workers during Council staff meetings.



A SHARE II-trained drama group member circles New Soweto Market with a megaphone to advertise HCT services

Ms. Chisenga saw improvements in workmates who had frequent casual affairs with women. "Because we've taught them what we've learned," she said, "they've changed." She echoed the importance of reaching people in the markets themselves, since merchants, customers, and suppliers can all be lured into sexual relationships with those who are more well-off. "A woman has been struggling with small things they're selling and a man comes with money," she explained, "or a well-dressed merchant exchanges sex for items he's selling," which puts people at risk of HIV.

Another peer educator at New Soweto Market is Boniface Mulela, a cleaner employed by the Council. With the market manager's blessing, Boniface provides HIV/AIDS sensitization approximately three times a week, for three hours each day. Mr. Mulela conducts messaging in groups

of two to four people and can reach up to 20 people per day. Borniface hasn't just observed changes among the merchants he has spoken with: he himself has changed his behavior. "I was afraid to go for VCT," he explained in Bemba, "but I went for VCT for the first time after the [SHARE II] peer education training."

Richard Banda, a kitchenware merchant, noted that he speaks with up to 20 people per day—fellow merchants, customers, and suppliers—answering questions about HIV/AIDS with help from the sensitization manual he received from SHARE II. Because he is known now as a source of information, he said that people seeking answers to questions now come to his booth – he no longer has to travel around the market to sensitize people. Richard is committed to helping people living with HIV as well; for those on treatment, Richard helps many with their transportation costs for trips to hospitals.

During the two days when SHARE II and Mwaroky staff were in New Soweto Market, 631 merchants and customers were reached with HIV messaging and 167 were tested for HIV and received their results. Twelve individuals tested positive for HIV; because they were from various parts of town, they were referred to the clinic they noted was most accessible to them for additional HIV-related services.

From the time when the peer education program was initiated at New Soweto Market, Council employees and peer educators note that it has scored many achievements, including increased access to HCT and greater uptake of antiretroviral therapy and VMMC services by marketeers. Council employees also report that condom bins in toilets, Council offices and peer educators' stands, which are filled every morning, are always empty by evening, indicating high uptake. The peer educators report that most marketeers who drank alcohol while on

antiretrovirals have stopped, and that many merchants who were often sickly have seen their health improve.

The market trainings at New Soweto have changed the face of HIV/AIDS, agreed Mr. Mulenga. Before SHARE II arrived in the market, there were no formal HIV/AIDS activities. Since the peer educators began sensitizing their colleagues, he has personally seen how merchants are now free to talk about HIV/AIDS. With the information provided to trainers, many of them can take the right steps to protect themselves, said Mr. Mulenga, or take a more positive attitude if they are already living with the virus.

The benefits of the training at New Soweto Market have extended beyond just the market employees, merchants and customers. As Ms. Chisenga remarked, "Some come to us for information, some even bring their relatives, saying 'this one was giving us problems, will you talk to them'... like they're not listening, they womanize, things like that."

The peer educators appreciate the training by SHARE II and are confident that they will continue to provide HIV/AIDS services to their clients even after the end the SHARE II project. Gerald explained why: "Knowing that if you are not infected, you are affected, you just have to find a way of making sure you are involved." ♦

SHARE II HCT tent under the entrance to New Soweto Market in Lusaka



GESHA Program Supports Respectful Couple Relations and Prevents HIV in the Zambia Police Service

Nearly 80 percent of HIV transmission in Zambia is through heterosexual contact, and women—especially young women—are at particularly high risk of infection. According to the 2007 ZDHS, the HIV prevalence for women ages 25-29 and 30-34 (19.9 and 26 percent, respectively) is much higher than for men in these same age groups (11.5 and 17.1 percent, respectively).

In Zambia, heterosexual sexual transmission is exacerbated by deeply entrenched cultural gender roles and norms that proscribe how men and women should act. Societal views about the differences between men and women, and expectations for gender-based sexual behavior—such as the perception that men with only one sexual partner are not “real” men, or that women need to use vaginal drying agents to please their partners—drive HIV risk and need to be addressed to effectively prevent the further spread of HIV.

Why Address Gender and Sexuality in HIV Prevention Programs?

The SHARE II project has been implementing workplace-base HIV/AIDS programs as part of its HIV prevention mandate. In traditional workplace HIV/AIDS programs, access to HIV prevention information and services is often limited to the workplace staff. If a worker wants his/her spouse, partner or even family members to hear what they have learned, they must pass on the information themselves.

However, for many Zambians, there are social and cultural barriers that make it extremely difficult to discuss issues of sexuality and sexual behavior, even with a spouse or sexual partner. There are power inequalities between women and men in Zambia, related to cultural norms and practices, that constitute significant barriers to effective communication between genders about sexuality and sexual relations, and that ultimately make effective HIV programming challenging.

The Gender and Sexuality in HIV/AIDS (GESHA) Program

In order to address this, in 2007, the SHARE project

introduced its Gender and Sexuality in HIV/AIDS (GESHA) program into its work with the Zambia Police Service and the Zambia Prison Service. The program is primarily couple-centered and extends beyond the workplace to reach workers' spouses/partners and other community members. It provides a safe haven where discussions on sexuality, culture, gender, and HIV/AIDS can candidly take place between workmates, couples, and community members, without fear of sanctions from cultural standard-bearers.

The program focuses discussion on the drivers of the HIV/AIDS epidemic in Zambia—including multiple concurrent partnerships (MCPs), alcohol abuse, and sexual violence against women and girls—in the context of the gender, sexuality and the cultural environment. Program staff provide practical ways to promote sexual well-being, prevent HIV, improve understanding and relationships between women and men, and address gender issues, particularly as they relate to HIV/AIDS. The GESHA program gives couples a non-judgmental forum to discuss gender inequities and sexual norms and expectations, improve their communication on sexual health, and adopt behaviors that prevent HIV.

A 2010 evaluation of the GESHA program found that it contributed significantly to changing participants' behaviour; they reported a reduction in multiple and concurrent partnerships, a reduction in the use of harmful traditional vaginal drying herbs, an increase in condom use, and an increase in their ability to negotiate safe sex. Participants also reported a reduction in gender-based violence and an improvement in gender relations in intimate and sexual encounters, including more open discussion among partners and more couples HIV testing. These changes were reflected in differences between control sites and sites where the GESHA intervention was implemented.

SHARE II has continued expanding the GESHA program to selected areas within both the Zambia Prisons Service and the Zambia Police Service, with 217 men and 197 women trained in the first six months of 2013 alone. In July 2013, the Zambia Police Service peer educators based in Chipata reported that despite their efforts in implementing a

traditional workplace HIV/AIDS program targeting only workers, MCPs were still very common among both single and married police officers and their spouses. Discussions with the officers revealed that the primary cause of MCPs was officers' dissatisfaction with their primary sexual partners due to poor communication, lack of romance, infrequency of sex, lack of lovemaking skill, monotony, and inhibitions. Other factors included beliefs that men with multiple partners were "real men," a desire to have a "spare wheel" or back-up partner, use of alcohol and aphrodisiacs, revenge for real or perceived partner infidelity, and peer pressure. Concerned about these trends, the Police Service requested for TA from SHARE II to speedily address this issue among its officers.

Taking the GESHA Program to Chipata

In November 2013, SHARE II responded to the request and organized a five-day GESHA workshop for 13 couples drawn from the police camps in Chipata. In all but one case, the husbands were police officers. The workshop was designed to train participants to themselves be leaders among their fellow officers and focused not only on the dangers of MCPs, but also on gender stereotypes, human sexuality, sex and drugs, gender-based violence (GBV) and communication between couples.

At the beginning of the training, the thirteen couples appeared quite distant, both with their spouses and with the other participants. By the second day, the couples had opened up considerably, freely discussing topics that would normally be considered

taboo. Many of them shared intimate personal experiences with the other participants. By the third day of the workshop, some couples were holding hands, some were sitting together during meals, and others were taking couple photographs and laughing together. This is not typical behaviour for Zambian married couples; it signified fundamental shifts in these couples' relationships.

On the fourth day, the couples were given an assignment: that evening, each person was to write a letter to his or her spouse, based on what they had learned through the workshop, and write in a conversational tone as if they were talking to their spouse. Those who were willing to share the letters they had written were given an opportunity to do so on the last day of the workshop. Many of these letters expressed feelings that the couples had never been able to express to each other. *"I have noticed that you get very upset when I deny you sex for one reason or another,"* wrote one wife who chose to share her letter publicly. *"Believe me I do not do it to punish you. Sometimes I am not able to welcome your advances because I am hurting and need time to heal. Other times I am simply tired or unwell,"* she explained. She also requested that her husband come home earlier after work instead of staying out with friends until late hours, and that he occasionally take her out to dinner – desires that she had never before felt comfortable verbalizing.

During the feedback session the all the couples agreed that the exercise had provided them with a new insight into their partners; writing had given them an opportunity to share feelings that they had not felt comfortable expressing verbally. Many noted

that the experience helped them rediscover their first love. Others confessed that their love lives were never going to be the same again, because they would make their relationship a priority and to give renewed attention to communication through dialogue – verbal or written. One participant urged the other couples to forgive each other of all past sins and open a new chapter in their relationships.

One writer described her excitement and optimism at the chance of a better sex life. *"Do not be surprised if once in a while I demand*

GESHA Program: Key Achievements

- Greater participation in workplace program by workers and outreach communities due to greater relevance in addressing HIV vulnerability and HIV prevention options
- Increased uptake of HIV-related services, most notably HCT and ART, in Police and Prisons Service health care facilities
- Supported normative changes in behavior, including reduction in reported GBV cases where GESHA program exists
- Reductions in MCPs reported by officers and increased dialogue on sexual health and HIV prevention with spouses/partners
- Greater openness about HIV/AIDS with an increase in the number of officers who are open about HIV status, enabling management to make accommodations where necessary, such as allowing time for clinic follow-ups

for sex i.e. ask you to make love to me,” she wrote in her letter. “This has been hard for me in the past because I feared that you would consider me cheap if I made the first move. There are sexual positions I could not accept before but with what I have learnt, I will be very open to explore. In short, [husband], I am ready to explore and discover new things in this vast world of sex. I have learnt that there is nothing that we should be ashamed of as lovers.”

The trained participants were also fired-up about working with other couples: both at the Police camps in Chipata, and elsewhere. As one male officer said at the closing ceremony, “I am very grateful to be a participant at this workshop together with my wife. I have learnt a lot. I have been challenged. From now on my wife and she alone will be the object of my love. I can’t wait to

share this information with other couple out there and I will start with couples in my church. To SHARE II, I say thank you and may you continue this good work.”

The SHARE II GESHA program is helping to address some of the key drivers of the HIV/AIDS epidemic in Zambia, including MCPs and GBV, one couple at a time. Since program start-up in November 2013 in Chipata, the 13 trained couples have rolled out the program to 63 couples. The facilitator couples have attributed the success of the program to the support they have received from police command to organize couple meetings. The command readily gave them permission to meet, acknowledging the high demand for the intervention among couples and also the benefits of HIV prevention. ♦

October-December 2013:

Other Workplace HIV/AIDS Programs Activities and Achievements

- **GESHA sensitization on the Copperbelt:** SHARE II conducted two GESHA sensitizations and TOT workshops for 54 female police officers and spouses of police officers in Luanshya and Kitwe. The workshops were designed to address rampant use of *insunko*, an aphrodisiac and vaginal drying agent made from smokeless tobacco mixed with the ARV Efavirenz, which can lead to ARV drug resistance.
- **PLHIV support workshop in Livingstone:** SHARE II conducted a workshop for a PLHIV support group in Livingstone’s Mukuni Village, to enable members to reach out to others in the community with positive living messages, especially regarding ART adherence. The participants were also oriented to Prevention with Positives (PwP) interventions and were assisted to write their action plan for 2014.
- **Support to trade unions:** SHARE II held a three-day peer education training workshop for the National Union for Plantation and Allied Workers (NUPAAW), which 17 shop stewards attended. The SHARE II team also discussed the peer education program with two farm owners/managers in Mkushi.
- **Technical support to the Livingstone Tourism Association:** SHARE II held a five-day peer education training workshop for 25 market traders from four markets associated with the LTA.
- **Support to the Government Printing Department:** SHARE II assessed the performance of GPD peer educators and provided on-the-spot assistance. 182 GDP employees, including the Director and other senior members of staff, attended HIV/AIDS sensitization sessions during SHARE II’s four-day visit.
- **Technical support to Zambia Police Service:** SHARE II supported a workshop for 23 Zambia Police Service Division and District HIV/AIDS Coordinators to develop action plans for 2014. SHARE II also provided technical updates on supervision, documentation and reporting.
- **Support to National Pension Scheme Authority:** SHARE II through ZHECT conducted HIV/AIDS and wellness sessions, including HCT, in 15 NAPSA stations countrywide. 172 employees were sensitized and 88 of them (51%) were tested for HIV and received their test results. In addition, 36,500 male and 3,100 female condoms were distributed in 12 private sector workplaces.
- **Testing in Muchinga and Southern Province:** SHARE II through LEAD Program-Zambia reached 978 individuals with HIV/AIDS messages; 2,290 individuals were tested and received their results.

Task 4: Strengthen collaboration and coordination of HIV/AIDS activities with the Government of the Republic of Zambia, U.S. Government-funded partners, and other stakeholders

SHARE II provides technical assistance to the Government of the Republic of Zambia through the National HIV/AIDS/STI/TB Council (NAC) to improve collaboration and coordination of the HIV/AIDS response across multiple partners and stakeholders. These efforts include providing support for joint planning; developing and maintaining a monitoring system that tracks the leadership, legal and policy environment; strengthening coordinating structures' activities; and improving monitoring and evaluation for national HIV/AIDS activities. SHARE II also provides support to United States Government (USG)-funded bilateral partners to implement workplace wellness programs.

The SHARE II project is assisting USAID bilateral partners to implement workplace-based wellness programs; during the period under review, SHARE II continued supporting the nine organizations which had committed to implementing wellness programs in their workplaces in the previous quarter. A half day workplace wellness meeting for USG-funded partners was held on 31st October 2013 to provide a framework for interpreting the survey results, to foster linkages among partners organizations through the sharing of lessons learnt and feedback from the survey exercise, and to increase awareness on non-communicable diseases. All partners administered the employee interest survey and organization assessment tools; SHARE II supported organizations to analyze their survey data.

SHARE II is also working with NAC to develop a tracking and reporting system to monitor national events. A series of meetings has taken place over the past couple of years but the project has begun making tangible progress this past quarter with the drafting of a data collection form and terms of reference for a consultant to do the database development.

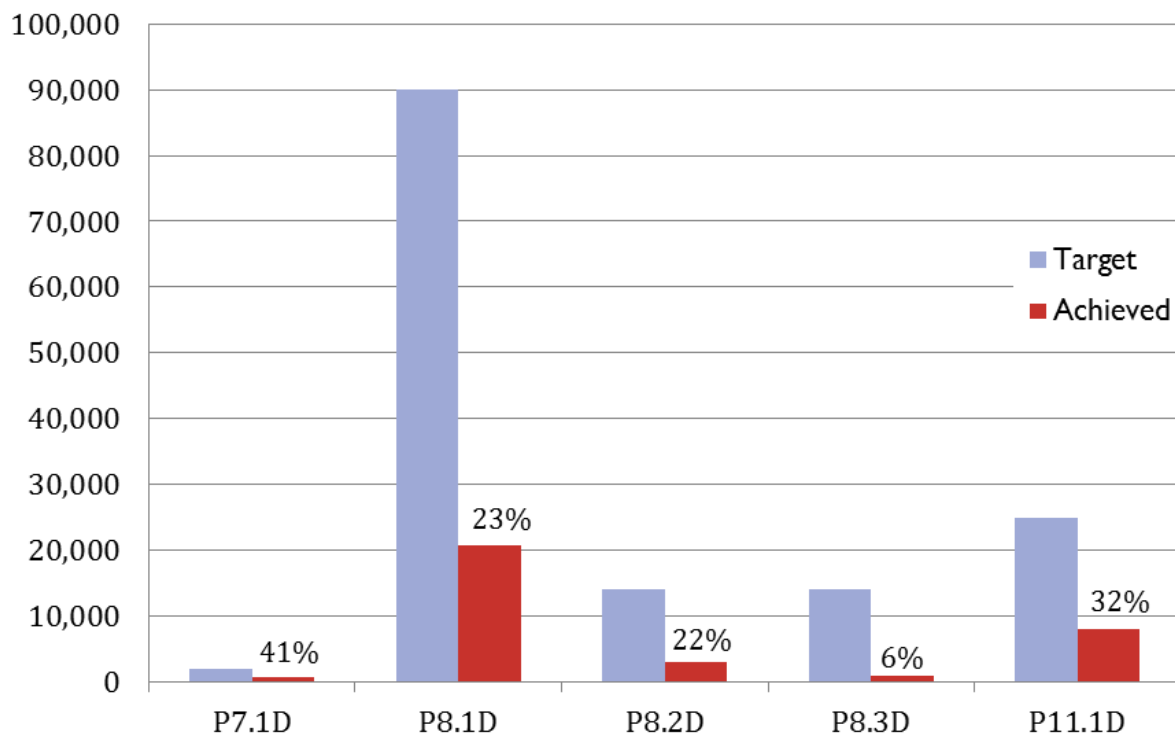
Monitoring & Evaluation (M&E)

SHARE II M&E activities ensure the collection, analysis, and storage of quality data, and support the timely reporting and adequate utilization of project information in order to improve SHARE II's ability to effectively implement activities. SHARE II also provides technical assistance on M&E to its sub-partners and to other project partners to strengthen their M&E activities and reporting. SHARE II activities during the quarter included Data Quality Assessments (DQAs) with SHARE II partners, preparatory work for the Task 3's workplace HIV/AIDS and wellness survey at SABMiller, which will be launched in the next quarter, and supporting planning activities for 2014, including reviewing indicators and targets.

Currently, most PEPFAR targets for FY 2014 are on course (see chart on the following page). The best-performing indicator is P7.ID—number of people living with HIV/AIDS (PLHIV) reached with a minimum package of prevention with PLHIV (PwP) interventions—which has nearly half its annual target at 41 percent. P11.ID (number of individuals receiving testing and counseling services for HIV and received their test results), achieved 32 percent at the end of the first quarter for FY 2014.

Indicators P8.ID and P8.2D (number reached with individual and/or small group-level preventive interventions, and number of targeted population reached with individual and/or small-group preventive interventions primarily focused on abstinence and/or being faithful) achieved 23 percent and 22 percent, respectively, at the end of the first quarter FY 2014. P8.3D will require more effort, having reached only 6 percent of its annual target.

Target setting for FY 2014 is being revised to align with COP 2014 guidance.



Selected PEPFAR targets and results for FY2014, as of December 2013

Finance & Administration

Task Order Funding

The JSI SHARe II Task Order obligation is currently at \$18,708,451.99. This obligation was planned to fund the project through March 2014. As of December 31, 2013, John Snow, Inc. has expended and accrued approximately \$16,459,738 under the SHARe II task order, representing 88 percent of the total obligation. A further funding obligation is required to be received by April 15, 2014 to ensure the continuity of project operations.

Local Sub-Partners

Sub Grants for the year ended December 31, 2014 have been negotiated and approved for ZHECT, ZINGO and LEAD. The Sub Grant to the Livingstone Tourism Association (LTA), due for renewal on March 31, 2014, is ongoing.

Negotiations are ongoing for Sub-Grants to the Network of Zambian People Living with HIV/AIDS (NZP+) and Independent Churches of Zambia (ICOZ).

Key Finance and Administration activities during the quarter:

Key Personnel: All key personnel remain at post.

Staff Issues: Initiatives Inc. local hire staff member Max Musunse resigned and left the project during the period.

Procurements: SHARe II took possession of the two new vehicles during the period.



A community mobilizer at an HIV/AIDS messaging training in Kanyembo Chiefdom on November 9, 2013 reads one of several sheets of paper given to him describing the benefits of HIV counseling and testing:

"Free mind and know how to continue living negatively or positively especially when it's a discordant couple."

A crowd gathers at the launch of the Cooma Chiefdom Development Strategic Plan 2013-2017 on October 12, 2013.



This report was supported by the President's Emergency Plan for AIDS Relief (PEPFAR) and was made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Support to the HIV/AIDS Response in Zambia (SHARe II) Project: GHH-I-02-07-00059-00. The contents are the sole responsibility of SHARe II, and do not necessarily reflect the views of USAID or the United States Government.